



## WISEWOMAN Diagnostic Form



Used for Reporting: Diagnostic Office Visit, Labs not completed on the day of the screening visit, Alert Values not completed on the day of screening, and Reporting services not being billed.

☐ Diagnostic Visit ☐ Lab Only ☐ Reporting Only

PROVIDER NAME				DATE	
NAME: LAST		FIRST	MIDDLE INITIAL	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER
<b>A. DIAGNOSTIC OFFICE VISIT JUSTIFICATION (Check all that apply)</b>					
<input type="checkbox"/> Blood Pressure <input type="checkbox"/> Blood Glucose <input type="checkbox"/> Cholesterol <input type="checkbox"/> Medication for Smoking Cessation			BP 1 <sup>st</sup> ____/____	BP 2 <sup>nd</sup> ____/____	
<b>B. CLINICAL MEASUREMENTS</b>					
Fasting (9-12 hrs.) <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Glucose Quant. (Fasting Only)	<input type="checkbox"/> BG Strip (Fasting Only)	<input type="checkbox"/> A1C	
<input type="checkbox"/> Lipid Panel (Fasting Only)	<input type="checkbox"/> Total Cholesterol	<input type="checkbox"/> HDL	<input type="checkbox"/> LDL	<input type="checkbox"/> Triglycerides	
<b>C. MEDICAL FOLLOW-UP NOTES</b>					
Have the client's medications been addressed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused					
Can the client obtain medications? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Was the client given access to resources or were resources given? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused					
Was a treatment plan offered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused					
If yes, which of the following was offered? <input type="checkbox"/> Health Coaching <input type="checkbox"/> BP Medical Follow-Up					
<b>D. ALERT VALUE FOLLOW-UP</b>					
Document status of workup using codes found below. Contact the WISEWOMAN Education Coordinator for assistance in submitting into MOHSAIC, if needed.					
<input type="checkbox"/> <b>ALERT BLOOD PRESSURE</b> Alert Blood Pressure SBP > 180 or DBP > 110 mmHg Evaluation Visit Date: ____/____/____ *Status of Work-up: ____ (Number from below)			<input type="checkbox"/> <b>ALERT BLOOD GLUCOSE</b> Alert Blood Glucose ≤ 50 or ≥ 250 mg/dl Evaluation Visit Date: ____/____/____ *Status of Work-up: ____ (Number from below)		
<b>*Status of Work-up Number Codes</b>					
1. <b>Work-up complete.</b> Participant has been seen and diagnosed by a medical provider either the day of the screening visit or within seven (7) days of the screening visit.					
<b>Notify WISEWOMAN Education Coordinator of any of the following status responses:</b>					
2. <b>Follow-up/workup by alternate provider.</b> Patient intends to see alternate provider within seven (7) days.					
3. <b>Client refused workup.</b> Participant had an alert value but refused workup.					
4. <b>Workup not completed, client lost to follow-up.</b> Participant had an alert value but was lost to follow-up and workup was not completed.					
<i>Lost to follow-up</i> is defined as a participant who did not attend her scheduled workup within three (3) months after a screening visit and could not be reached to reschedule another appointment.					
<b>Alert Value Notes/Comments:</b>					
<b>Medical Professional Notes:</b>					